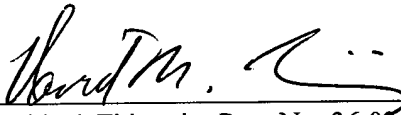


8. ☒ Enclosed is a Return Postcard acknowledging receipt.
9. ☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to deposit Account No. 13-0019. A duplicate copy of this sheet is attached.
- ☒ Any patent application processing fees under 37 CFR §§1.16 or 1.17.
- ☐ The issue fee set in 37 CFR §1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR § 1.311(b).

Please address all telephone calls to David M. Thimmig at telephone number (312) 701-8593 and address all correspondence to:

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Respectfully submitted,


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Dated: July 18, 2003

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 20231

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PATENT
Attorney Docket No.: 02008678

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I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" under 37 CFR 1.10 on the date indicated above and is addressed to:
Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

By Timothy Hubalik

Signature of Person Mailing Papers

Transmitted herewith for filing in the U.S. Patent and Trademark Office is the patent application of inventor Edwin A. Hallberg, of Midland, Michigan, entitled Variable Height Fold and Roll Staging And Method Of Assembling Same. Applicant is a small entity and is assigning this application to Stageright Corporation which also is a small entity.

Enclosed are:

1. [X] 17 text pages of specification, including 20 claims, and an Abstract.
2. [X] Drawings - 5 sheets, including Figures 1-4 and 5A-5E.
3. [X] An facsimile copy of an executed Declaration and Power of Attorney.
4. [] An executed Assignment, together with Form PTO-1595 Recordation Form Cover Sheet.
5. [X] The filing fee is calculated on the basis of the claims existing in the application at 1 above.

Claims as Filed, Less Any Claims Canceled by Amendment							
	(Col. 1)	(Col. 2)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
FOR:	NO. FILED	NO. EXTRA	RATE	FEE		RATE	FEE
BASIC FEE	XXXXXXX	XXXXXXX	XXXX	\$375	or	XXXX	\$ 750.00
TOTAL CLAIMS	20 - 20 =	0	x9=	\$	or	x18=	\$ -
INDEP CLAIMS	2 - 3 =	0	x42=	\$ 0	or	x84=	\$ -
[] MULTIPLE DEPENDENT CLAIM PRESENTED			+140=	\$ 0	or	+280=	\$ -
If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$ 0		TOTAL	\$ 750.00

6. [X] A check in the amount of \$750.00 to cover the filing fee for this application. If there are any additional fees due in connection with the filing of this application, please charge these additional fees to our Deposit Account No. 13-0019.
7. [] An Information Disclosure Statement with a PTO Form 1449 and the U.S. references cited therein.